

Club Member Name:

\_\_\_\_\_

# Madison Pole Vault Club

Madison, WI

## 2017 Application & Waiver WI USATF Association Club # 20-0640

**Minor Member (Age 17 and younger) WAIVER AND RELEASE:** I fully understand that the sport of pole vaulting is potentially dangerous by its nature and that injury and even death can occur during training and participation in the sport of pole vault and that no type of equipment, helmet, padding or other safety measures can ensure against or prevent such injury or death. I hereby waive and release ANY and ALL RIGHTS and CLAIMS for damages due to injury or death that may be suffered by my minor child before, during and after, practices, competitions and other events and activities conducted by or participated in by the Madison Vault Club, regardless of location, and agree to indemnify, hold harmless, and defend Madison Vault Club, Monona Grove High School, the City of Monona, the owners of other facilities used by Madison Vault Club, USATF and their coaches, volunteers, officers, directors, employees, owners and agents from any liability, claims or damages associated with such injury or death. I further waive and release any claims for property loss or damage that may be suffered by me or by my minor child as a result of my minor child's participation in the Madison Vault Club.

**AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT:** In the event that a medical emergency arises involving my minor child, and neither I nor the person I have named as the Emergency Contact, if different, can be reached (after reasonable attempts are made to contact me or the Emergency Contact, considering the circumstances), I hereby authorize any physician, nurse or trainer selected by Madison Vault Club personnel to evaluate and provide medical and/or surgical care for my child.

**GRANT OF PERMISSION:** I hereby grant permission for my minor child named above to become a member of the Madison Vault Club and, specifically, to participate in the pole vaulting and gymnastics activities of the Madison Vault Club conducted at the facilities of Monona Grove High School in Monona, Wisconsin and such other facilities as it may choose. I certify that my child has had a physical examination within the last two years and is physically capable of participating in the sport of pole vault. I further grant permission for Madison Vault Club to use any photographs or video of my child participating in Club activities for the purpose of advertising, publicity or development of coaching or other educational material.

**I have read this waiver and release and understand its terms. I acknowledge that by signing it my minor child and I are giving up substantial rights. I am signing freely and voluntarily without any inducement or representation that is not set forth in this document.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

Relationship: \_\_\_\_\_

\_\_\_\_\_

Club Member Name:

# Madison Pole Vault Club

Madison, WI

## 2017 Application & Waiver WI USATF Association Club # 20-0640

**Adult Member (Age 18 or older) WAIVER AND RELEASE:** I fully understand that the sport of pole vaulting is potentially dangerous by its nature and that injury and even death can occur during training and participation in the sport of pole vault and that no type of equipment, helmet, padding or other safety measures can ensure against or prevent such injury or death. I hereby waive and release ANY and ALL RIGHTS and CLAIMS for damages due to injury or death that I may suffer before, during and after, practices, competitions and other events and activities conducted by or participated in by the Madison Vault Club, regardless of location, and agree to indemnify, hold harmless, and defend Madison Vault Club, the City of Monona, the Monona Grove School District, the City of Middleton, the Middleton/Cross Plains School District and the owners of other facilities used by Madison Vault Club, USATF and their coaches, volunteers, officers, directors, employees, owners and agents from any liability, claims or damages associated with such injury or death. I further waive and release any claims for property loss or damage that I may suffer as a result of my participation in the Madison Vault Club.

**PHOTO/VIDEO PERMISSION:** I grant permission for Madison Vault Club to use any photographs or video of me participating in Club activities for the purpose of advertising, publicity or development of coaching or other educational material.

**I have read this waiver and release and understand its terms. I acknowledge that by signing it I am giving up substantial rights. I am signing freely and voluntarily without any inducement or representation that is not set forth in this document.**

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name